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APPLICANTS

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** CONTINUING DATA *****

none dm

** FOREIGN APPLICATIONS *****

none dm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <i>dm</i>	DRAWING 3	CLAIMS 36	CLAIMS 3
Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Initials			

ADDRESS

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TITLE

Magnetic recording channel utilizing control fields for timing recovery, equalization, amplitude and amplitude asymmetry

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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